Editor's pick

Screening for all sorts of illnesses is vigorously promoted in the United States. When it comes to a "gold standard" for when, whom, and how often to screen people for disease, we continue to look to the US government's Preventive Health Services Task Force. Our attention classically focuses on the potential benefit of screening, but there are most certainly potential harms—one being that the patient can misunderstand the meaning of the test. Patients rarely understand the difference between a diagnostic test, which is intended to show the presence or absence of disease, and a screening test, which is intended to show if there is sufficient probability of disease to warrant diagnostic testing.

This month's Point-Counterpoint (p 372) centers on a debate over how physicians communicate the findings of screening tests to patients. At issue is whether the dichotomous "normal"-"abnormal" provides patients with the proper context to understand that screening tests are rarely completely accurate (both sensitive and specific) and that there are often gray areas of interpretation. Gilbert and colleagues (p 405) helps us to understand more clearly the reasons physicians may choose to screen for a disease and what questions they need to ask themselves and their patients before they check the box on the proverbial "lab slip."

The new kid on the screening block is genetic testing. Biesecker (p 377) reminds us that it can be devastating when patients hear the results of genetic tests and that primary care physicians will increasingly be in the position of discussing such findings with patients. She offers ways that physicians can prepare themselves and understand their patients' perspectives. As a minimum, physicians need to acknowledge that patients differ in the information they want about their health or the health of their fetus. Even before screening tests are performed, patients need information to consider the consequences of a positive or negative test result. Why test if they will not act on the test result? In a related article, Pagon and colleagues remind us that most of the public will contact their primary care physician when they have concerns about genetic conditions (p 397). She provides the second in our Gene Scene series and focuses on valuable insights into the basic elements of the genetic consultation.

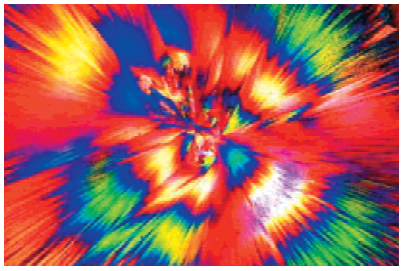
To screen for ticklishness, a few fingers quickly applied to the belly, the armpit, or the foot can often elicit a sudden, often-pleasurable sensation of smiles and giggles. But don't try it on yourself—it won't work. Simpson (p 425) explains why and reminds us that the tickle can be augmented or diminished by psychological and higher brain-stem functions. Is there a lesson to be learned here for the overworked, time-pressured physician?

This month in wjm

How to find a job
Beckman (p 410) gives valuable tips for planning the search, interviewing, and negotiating with employers

Sean Sprague/Panos Pictures

Health care for immigrant women
wjm's new series aims to help physicians provide culturally sensitive care (p 433)



Michael W Davidson/Florida State University

Codeine is not a powerful analgesic
Arora and Herbert (p 428) tell how codeine combined with acetaminophen has little advantage over nonopiate analgesia alone